

# CERTIFICATE OF REGISTRATION OF SOCIETIES

(ACT. XXI OF 1860)

No. 025 of 2021-2022

I hereby certify that

**IMA- HOSPITAL AND NURSING HOME ASSOCIATION**

Ima House, Defense Colony, ADJ. Police Station, E-block, Telephone Exchange, B.R.S Nagar Ludhiana  
(Ludhiana) - Punjab

has this day been registered under the Societies Registration Act (XXI of 1860) and as amended by  
Punjab Amendment Act. 1957.

Given under my hand at Punjab  
3 May, 2021

Fee Rs. 500/-

Certified True Copy



REGISTRAR OF FIRMS & SOCIETIES  
PUNJAB

10 SOCIETIES

## MEMORANDUM OF ASSOCIATION

1. The Name of organization is IMA- HOSPITAL and NURSING HOME ASSOCIATION

2. The Registered Office Of The Society shall Remain In The Punjab State and at Ludhiana Presently it is at # IMA House, Defense Colony, Adj.Police Station, E-Block ,Telephone Exchange, BRS Nagar, Ludhiana.

3.SOCIETY AREA OF OPERATION –PUNJAB

4.The society will be non-practical, non- sectarian and non religious society with the following aims and objectives:

### 3.1 PREAMBLE

The healthcare delivery system in india is in transition. In a country where 87% of healthcare expenditure is outside the government system it is important to have institutions to give direction to the growth and activity of all players. Over the seventy plus years of independence, the leadership in healthcare delivery has been slowly and steadily passing into the hands of entrepreneurs of all backgrounds. It is important to moor the industry strongly on the ethics and dynamics of the medical profession. To achieve the political objective of maintaining the benign influence of the medical profession on the healthcare industry, IMA Steps in with the initiative of IMA- HOSPILTAL and NURSING HOME ASSOCIATION which will be affiliated ultimately with IMA HB India. IMA will strive to improve Quality of services and ensures better patient safety.

### 3.2 AIMS AND OBJECTIVES.

3.2.1 To assist and equip all healthcare institutions to provide quality healthcare to people by facilitating accreditation.

3.2.2 To Facilitate all healthcare institutions to play their effective role in public health.

3.2.3 To represent and safeguard the interest of all health care institutions and their personnel irrespective of their affiliation.

3.3 JURISDICTION : State of Punjab

3.4 AFFILIATION :

3.4.1 All health care institutions can avail affiliation . The following conditions apply

3.4.2 Health care institutions should offer modern medicine services.

3.4.3 Health care institutions should be sponsored by a life member of IMA who should represent the particular institution either in administrative or professional capacity.

3.4.4 Affiliation accrues by forwarding a formal application form with an affiliation fee as determined by the board of directors from time to time.

## 5. AFFILIATION FEE:

### 4.1 Direct

4.1.1 Hospitals with less than 20 beds: Rs.2500/3 years and Entry Fee of Rs.1000/- Hospitals with 20 to 50 Beds: Rs.5000/3 years and Entry Fee of Rs.2000/- Hospitals with 50 to 100 Beds: Rs.10,000/3 years and entry fee of Rs.4000/-

4.1.2 Hospitals with 100 Beds and above: Rs.20,000/3 years and entry Fee of Rs. 5000/- Hospital with 300 beds and above 30,000/ 3 years and entry fee of Rs.5000/-

### 4.2 IMA HBI

4.2.1 HB Punjab , Chapter will affiliate with IMA HBI. The affiliation fee would be at Rs. 500 per institution for a term of 5years. The state chapter should pay this affiliation fee on behalf of its affiliated institutions to HBI. This can also be paid at Rs. 100 per institution every year by the state chapter. The state chapters will be free to fix their own affiliation fee to be collected from their healthcare institutions.

## 6. REGISTRATION WITH HB PUNJAB CHAPTER

5.1 All clinical establishments including hospitals , clinics , Laboratories, X ray Clinics and ultrasound scan centres can register with HBI . Only registered establishments can apply for the accreditation process of IMA HBI. NABH.

The Fee for registration shall be :-

| Sr.No. | Category     | Fees                                                      |
|--------|--------------|-----------------------------------------------------------|
| 1      | Category I   | As Mentioned Above                                        |
| 2      | Category II  | Clinics: Rs.2000 for 3 Years                              |
| 3      | Category III | Clinics Laboratories Rs.2000 for 3 years Entry fee Rs.500 |
| 4      | Category IV  | X-ray ClinicsRs.2000 for 3 Years Entry fee Rs.500         |
| 5      | Category V   | Ultrasound centres Rs.2000 for 3 years Entry fee Rs.500   |
| 6      | Category VI  | Miscellaneous Rs.2000 for 3 years Entry Fee Rs.1000       |

5.2 All health care institutions can avail registration. The following conditions apply :-

5.2.1 Health care institutions should offer modern medicine services.

5.2.2 Health care institutions should be sponsored by a life member of IMA who should represent the particular institution either in administrative or professional capacity.

**All the incomes, earnings moveable properties of the society shall be solely utilized and applied towards the promotion of its aims and objectives only as set forth in the memorandum of Society.**

**And no portion thereof shall be paid or transferred directly or indirectly by way of dividends, bonus, profits or in any manner whatsoever to the present or past members. No member of the society shall have any personal claim of any movable or immovable properties of the Society or make any profit whatsoever by virtue of this membership.**

**The names, addresses and occupation of the first members of the Governing Council, to which by the rules of the Society the management of its affairs is entrusted, are:**

| S.no | Name                        | Designation     | Address                                                                                       | SIGNATURE |
|------|-----------------------------|-----------------|-----------------------------------------------------------------------------------------------|-----------|
| 1.   | Dr.Surinder Pal Singh Sooch | President       | House No.42,street No.2,Backside Gandhi hospital, New Patel Nagar, Phagwara, Punjab-144401    |           |
| 2.   | Dr.Paramjit Singh Bakshi    | Vice President  | 101-R,Model Town,Jalandher, Punjab-144003                                                     |           |
| 3.   | Dr.Deepak Prashar           | Secretary       | 1749, Phase 1, Urban Estate, Ludhiana-141013                                                  |           |
| 4    | Dr. Paramjit Mann           | Joint Secretary | Maan Hospital and Child Care Centre, Rai Colony,Near I.T.I,Chandigrah Road, Nawanshahr-144514 |           |
| 5.   | Dr. Baljit Singh Johal      | Treasurer       | Johal Hospital Maternity Home, Rama Mandi, Jalandher - 144007                                 |           |

|    |                      |                  |                                                                                                                                   |  |
|----|----------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. | Dr. Jogeshwar Sood   | Executive Member | 70,G Sarashwati Vihar,Jalandhar                                                                                                   |  |
| 7. | Dr.Navjot Singh      | Executive Member |                                                                                                                                   |  |
| 8. | <b>Dr.Keshav Sud</b> | Executive Member | <b>#229I,Model Town,Jalandhar-1 Punjab-144003</b><br><b>#B-13,MCH-426,Opp.Telephone Exchange,Bazar Vakilan,Hoshiarpur-146001.</b> |  |



## **Hospital Board Punjab Chapter Rules and byelaw**

**(as approved and passed by State working committee on Nov 2017 at Hoshiarpur & State Council at Patiala on 27.05.2018 .**

### **1. Preamble**

**The healthcare delivery system in India is in transition. In a country where 87% of healthcare expenditure is outside the Government system it is important to have institutions to give direction to the growth and activity of all players. Over the seventy plus years of independence, the leadership in healthcare delivery has been slowly and steadily passing into the hands of entrepreneurs of all backgrounds. It is important to moor the industry strongly on the ethics and dynamics of the medical profession. To achieve the political objective of maintaining the benign influence of the medical profession on the healthcare industry, IMA steps in with the initiative of Hospital Board s - Punjab chapter which will be affiliated ultimately with IMA HB India. IMA will strive to improve quality of services and ensure better patient safety.**

**Aims and objectives.**

**To assist and equip all healthcare institutions to provide quality healthcare to people by facilitating accreditation.**

**To facilitate all healthcare institutions to play their effective role in public health.**

**To represent and safeguard the interest of all health care institutions and their personnel irrespective of their affiliation.**

**Jurisdiction: State of Punjab**

**Affiliation : All health care institutions can avail affiliation. The following conditions apply**

- 1. Health care institutions should offer modern medicine services.**
- 2. Health care institutions should be sponsored by a life member of IMA who should represent the particular institution either in administrative or professional capacity.**

**3. Affiliation accrues by forwarding a formal application form with an affiliation fee as determined by the board of directors from time to time.**

**Affiliation fee:**

**1) Direct**

**Hospitals with less than 20 Beds: Rs.2500/3 years and Entry Fee of Rs. 1000/- Hospitals with 20 to 50 Beds: Rs. 5000/3 years and Entry Fee of Rs.2000/- Hospitals with 50 to 100 Beds: Rs.10,000/3 years and Entry Fee of Rs. 4000/-**

**Hospitals with 100 Beds and above: Rs.20,000/3 years and Entry Fee of Rs. 5000/- Hospitals with 300 beds and above 30,000/3years and entry fee of Rs 5000/-**

**2) IMA HBI**

**HB Punjab , Chapter will affiliate with IMA HBI . The affiliation fee would be at Rs 500 per institution for a term of 5 years. The state chapter should pay this affiliation fee on behalf of its affiliated institutions to HBI. This can also be paid at Rs 100 per institution every year by the state chapter. The state chapters will be free to fix their own affiliation fee to be collected from their healthcare institutions.**

**5. Registration with HB Punjab Chapter**

**All clinical establishments including hospitals , clinics , Laboratories, X ray clinics and ultrasound scan centers can register with HBI . Only registered establishments can apply for the accreditation process of IMA HBI. NABH.**

**The fee for registration shall be:- Category I**

**As Mentioned above**

**Category II Clinics : Rs. 2000 for 3 years**

**Category III Clinical Laboratories Rs.2000 for 3 years Entry fee Rs.500**

**Category IV X-ray Clinics Rs.2000 for 3 years Entry fee Rs.500**

**Category V**

**Category VI Ultrasound centres Rs.2000 for 3 years Entry fee Rs.500 Miscellaneous**

**Rs.2000 for 3 years Entry fee Rs.1000**

**All health care institutions can avail registration. The following conditions apply :-**

- 1. Health care institutions should offer modern medicine services.**

2. **Health care institutions should be sponsored by a life member of IMA who should represent the particular institution either in administrative or professional capacity.**

6. **Office bearers:**

**There shall be a chairman and a secretary who will be appointed by IMA State President on constitution of the board for a term of two years. Thereafter they, alongwith the Treasurer of HB, will be elected from the State council of IMA Punjab State HB through the same election procedure like other office bearers of IMA for a term of two years. The Secretary and Treasurer of IMA HB shall be life members of IMA through Punjab State Branch of IMA. The Chairman, Secretary and Treasurer should represent hospitals with affiliation to HBI.**

7. **Board of directors:**

**On constitution of the Hospital Board there shall be a board of seven directors nominated by IMA State President. Their term of office would be two years. Thenceforth they shall be elected through the same election procedure as the office bearers of the board. The Chairman of the board shall preside over the board of directors and the Secretary shall be its convener. The State President and Honorary Secretary shall be ex officio members of the board. The State President is the head of the Hospital Board and will guide its functioning. The board shall meet atleast twice in a year.**

**Immidate Past President , President Elect and Founder members of Hospital Board Punjab Chapter shall be members of the executive which will be a watch dog of H.B for proper & ethical Implementation of various programe of different constituents. It will have advisory powers.**

8. **Council of states: The representatives of the council of states would be elected from Local IMA Branches . One representative would be elected to the council of states per 100 affiliated institutions or part thereof. Local Branch having less than 100 affiliated institutions will be eligible for one**

**Representative.. The eligibility for being elected to be a representative is life membership of IMA. The council shall meet atleast once during the annual conference of IMA.**

**General body of HB will include all the representatives of affiliated health care institution. There shall be at least one General; Body meeting every year .**

9. **Functions of the board:**

1. **To monitor and intervene in all the legislations regarding hospitals being considered and enacted by the Parliament of India and the state legislatures.**
2. **To work in close tandem with Government of India and state and local Governments on all issues concerning the hospitals.**



3. **To work with all related institutions and authorities to bring in appropriate standards in hospitals and facilitate accreditation.**
4. **To maintain a data bank regarding all data emanating from the hospitals**
5. **To represent and negotiate on behalf of the hospitals with Governments and other national and international authorities.**
6. **To conduct training programmes for enhancing the knowledge and skill of all human resources related to hospitals**
7. **To develop, adapt or endorse standards and protocols for hospitals and their services.**
8. **Any other functions as decided by the board of directors from time to time.**

**10. Meeting of board of directors:**

**The meeting of the Board will be held atleast once in three months. The meetings will be convened by the Secretary of the Board in consultation with the Chairman. Not less than 15 days notice will be provided. However the Secretary, in consultation with the Chairman, can convene an extraordinary meeting with a short notice of 1 week.**

**11. Power and duties of the board of directors:**

**1) It shall receive, discuss, amend and approve the reports and accounts presented by the Secretary and Treasurer of the Board for the period between two consecutive board meetings as well as the annual report and audited accounts. The quorum of the meeting will be 50% of its total strength.**

2. **It shall manage the Hospital Board taking appropriate decisions in the best interest of the Board and be responsible to the State Council of IMA HB.**
3. **It shall receive, discuss and approve the amendments to the Rules and Byelaws of the Board brought forward by the Secretary or any other member from time to time with a due notice of three weeks and circulated among all the members of the board along with the agenda. The Rules and Bye-laws cannot be amended in an extra ordinary meeting. The amendments are subject to the approval of the state Council of IMA after being ratified by the state working committee.**

**12. Power and duties of the chairman:**

1. **The Chairman shall conduct all the meetings of the board. In the absence of the Chairman, director board shall elect a member to conduct that particular meeting.**
2. **The Chairman shall interpret the Rules and Byelaws of the Board. His interpretation shall be final and binding.**

3. **The Chairman shall have a casting vote in addition to his ordinary vote in case of equality of votes.**
  4. **The Chairman shall, in consultation with the state President of IMA, nominate any life member of IMA to a vacancy in the board of directors caused by death, resignation or otherwise.**
  5. **The Chairman can invite as special invitees, *bona fide* members of IMA and experts for taking part in the meetings. However the invitees shall not have voting rights.**
  6. **Duties of the Secretary:**
  7. **The Secretary shall carry out the day to day functioning of the Board and will implement the decisions taken by the board of directors.**
  8. **He shall be in over all charge of affiliation of institutions to the Board and collection of affiliation fees.**
  9. **Shall represent the Board in legal matters and court cases personally and / or through lawyer appointed by him.**
4. **Shall conduct all correspondence and be in charge of the Board office.**
  5. **Shall have general supervision of accounts, pass all bills for payment and sign cheques jointly with the Treasurer.**
  6. **Shall get prepared a quarterly and annual statement of accounts by the Hon. Treasurer duly audited by a Chartered Accountant and submit the same to the board of directors, CWC, and state council for ratification.**
  7. **Shall maintain a correct and update register of all affiliated institutions.**
  8. **Shall prepare annual report of activities and submit the same to board of directors, CWC, and state council for ratification.**
14. **Duties of the Treasurer :**
1. **The Treasurer shall maintain day-to-day accounts of the Board.**
  2. **He shall submit a statement of the audited annual accounts and quarterly accounts to the board of directors, state working Committee and the Annual state Council.**
  3. **He shall jointly operate the bank accounts of the Board and sign the cheques and other instruments along with the Secretary**

**15. Duties of the directors :**

1. They shall work to promote the affiliation and efficiency of the Board.
2. They shall report the progress in the implementation of the Board decisions from time to time to the Secretary of the Board.
3. They shall hold separate charge of specific activities as assigned to them by the chairman or the board of directors.

**16. Accounts and Audit:**

1. A separate bank account shall be opened in any nationalised bank and shall be jointly operated by the Secretary and the Treasurer.
2. The financial year of the Board shall be from 1<sup>st</sup> April to 31<sup>st</sup> March.
3. The board will approve the quarterly accounts and the annual audited accounts submitted by the treasurer.
4. The audited accounts of the Board passed by the board of directors has to be ratified by the CWC and the Annual state Council of IMA.

**17. Appellate Body:**

If any affiliated institution is aggrieved by the decision of the board of directors the affiliated institution can file an appeal before the appellate body namely Central Working Committee of IMA within a period of 90 days. Such an appeal should be addressed to the State President of IMA. The central working committee's decision shall be final and binding.

**18. Office of the Board :**

1. The HQs. office of the Board shall be situated in IMA House BRSN Ludhiana,. However, the Secretary shall be entitled to a Secretariat at his place..
2. The Board will employ as many employees as necessary in different categories.
3. The Board can enter into a contract with any professional agency in carrying out the objectives of the Board.
4. Saving Clause:
5. The services of the Board shall be extended to all its affiliated members .
6. 10% of the affiliation fee collected will be transferred to IMA Head Quarters every year.

**7. Dissolution of the Board:**

**If it becomes impossible to carry out the objectives of the Board, the Board shall be dissolved by decision of 3/4 majority of votes in the State Council of IMA. This decision taken by the State Council of IMA shall be final, legal and non-negotiable. The State Council of IMA shall meet the liabilities and debts and recover the assets.**



**INDIAN MEDICAL ASSOCIATION**  
**IMA HOSPITAL AND NURSING HOME ASSOCIATION**

(under the Aegis of Indian Medical Association)  
STATE HQ : IMA HOUSE, SARABA NAGAR, LUDHIANA – 141006  
SECRETARIAT : IMA BUILDING J.R. MHATRE MARG, JUHU, MUMBAI , 4000049  
Website: [www.imapunjab.in](http://www.imapunjab.in)



**IMA HOSPITAL AND NURSING HOME AFFILIATION FORM**

To,

Hon. National Secretary  
IMA Hospital and Nursing Home Association India.

Dear Sir,

I, Dr. \_\_\_\_\_ hereby apply on behalf of establishment \_\_\_\_\_  
\_\_\_\_\_ to be affiliated to IMA HNHA.

|                                                                                                                        |                                                                                      |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Name of Hospital                                                                                                       | _____                                                                                |
| Hospital Registration Details                                                                                          | _____                                                                                |
| Address                                                                                                                | _____                                                                                |
| Contact Details                                                                                                        | Mobile _____ Landline _____                                                          |
|                                                                                                                        | Email _____                                                                          |
| Hospital Bed Strength                                                                                                  | 1-25 / 26-50 / 51-100 / 101-200 / > 200 beds   Total No of Doctors in Hospital _____ |
| (Please attach details of all doctors on hospital letterhead: Names/Qualification/Registration Number/Contact Details) |                                                                                      |

|                                                       |                                   |
|-------------------------------------------------------|-----------------------------------|
| Name of Applicant                                     | Dr. _____                         |
| Qualification of Applicant                            | _____                             |
| State Medical Council Registration Number             | _____                             |
| (Please attach photocopy of Registration Certificate) |                                   |
| Designation at Hospital                               | Owner / Medical Director/ Partner |
| Contact Details                                       | Mobile _____ Landline _____       |
|                                                       | Email _____                       |

**DECLARATION**

I, Dr. \_\_\_\_\_ on behalf of \_\_\_\_\_ Hospital  
hereby declare that all information provided by me is true and I will be abiding by all rules and bylaws of IMA Hospital and Nursing  
Home Association of India.

Signature: ..... Name : ..... Date (dd/mm/yyyy): ...../...../.....

|                                                                            |             |
|----------------------------------------------------------------------------|-------------|
| <b>For IMA Local Branch / HNHA Local Subchapter Office Use Only</b>        |             |
| This is to certify that all the above true copies are correct              | <b>Seal</b> |
| Signature _____ Name : Dr. _____ (President/Secretary of IMA _____ Branch) |             |

|                                                                                         |             |
|-----------------------------------------------------------------------------------------|-------------|
| <b>For HNHA State Chapter Office Use Only</b>                                           |             |
| Signature _____ Verified By : Dr. _____ (Hon. State Secretary of IMA HNHA _____ Branch) | <b>Seal</b> |

|                                                                      |             |
|----------------------------------------------------------------------|-------------|
| <b>For HNHA HQ Office Use Only</b>                                   |             |
| Signature _____ Verified By: Dr. _____ (Hon. Secretary of IMA HNHA ) | <b>Seal</b> |

Please make DD in favour of IMA HOSPITAL AND NURSING HOME ASSOCIATION **OR** directly in Account State Bank of India Jalandhar , Account No.40497324260.Attach the copy of receipt with form.